Permit Number:		Rec	8/2025 15:37 PM Page 1 of 1 Fee: \$10.00	
Folio/Parcel ID #: 02	-24-27-0000-00-020		Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00	
Prepared by: Richard	Hein			
407-664-9392		muan	Intangible Tax: \$0.00	
			Phil Diamond, Comptroller	
		Oran	ige County, FL Γο: SIMPLIFILE LC	
	•		10. SIMPLIFILE LC	
	NOTICE OF COMMENCE	 Ment		
State of Florida, Cou				
	eby gives notice that improvement			
	orida Statutes, the following informa			
MONORAIL BLD	roperty (legal description of the pro 5, 5275 CENTER DR, North Service A			
Adding additional				
Name Walt Disne		essee contracted for the	improvement	
	10000 Lake Buena Vista FL 32830			
Interest in Prope Name and addr	ess of fee simple titleholder (if di	fferent from Owner listed at	oove)	
	ess of fee simple differiorder (ii di		,	
Address				
4. Contractor				
Name Maddox El-			Number (407) 934-8084	
	den Commerce Parkway Winter Garder			
	ble, a copy of the payment bond is			
Name		Telephone	Number	
Address		Amount of I	Bond \$	
6. Lender				
-		Telephone	Number	
Address				
be served as p	the State of Florida designated b ovided by §713.13(1)(a)7, Florida	ı Statutes.	Number-	
Name Address		ı eleptione	· [Adilibel	
8 In addition to h	imself or herself, Owner designa	tes the following to receiv	ve a copy of the Lienor's	
	ded in §713.13(1)(b), Florida Stat			
Address				
	of notice of commencement (the nt date is specified)	expiration date will be 1 ye	ear from the date of recording –	
E CONSIDERED IMPROP SULT IN YOUR PAYING T CORDED AND POSTED C TH YOUR LENDER OR AN	PAYMENTS MADE BY THE OWNER AFT ER PAYMENTS UNDER CHAPTER 713, P. WICE FOR IMPROVEMENTS TO YOUR P ON THE JOB SITE BEFORE THE FIRST IN: LATTORNEY BEFORE COMMENCING WO	ART I, SECTION 713.13, FLORID ROPERTY. A NOTICE OF COMM SPECTION. IF YOU INTEND TO DRK OR RECORDING YOUR NO	DA STATUTES, AND CAN MENCEMENT MUST BE OBTAIN FINANCING, CONSULT MICE OF COMMENCEMENT.	
Julius Sol	or Owner's or Osses's Authorized Officer/	Dispring Post 18 4	Senior Manager Signatory's Title/Office	
nature of Owner or Lessee	, or Owner's oralessee's Authorized Officer.	Director/Partner/Manager	Signatory's Title/Office	
e foregoing instrumer	it was acknowledged before me this	s <u>/ 8</u> day of <u>Apr. /</u> by month/year	Dugne East berg name of person	
	fo	r	nom instrument was executed	
Type of authority e.	, officer, trustee, attorney in fact	Name of party on behalf of wh	nom instrument was executed	
X		2 2		
- <u>-</u> -AD	Dublic Chair	Konne Bl	nmissioned name of Notary Public	
	tery Public – State of Florida	Print, type, or stamp cor	mmissioned name of Notary Public	
Personally Known _ Type of ID Produced	OR Produced ID	Notary De	ublic State of Florida	
. ypu 3aaaaa		Ro minimum My Com	Inna Blount Imission HH 354498 Fes 5/23/2027	

DOC # 20250229407